

APPLICATION & ENROLLMENT STEPS



Candies Creek Academy

“A School for the Nations”

info@candiescreekacademy.com

423-790-5660 www.candiescreekacademy.com

We are honored that you have considered to partner with Candies Creek Academy in providing your student with a Christ-centered, classical education. This packet contains the steps and document needed to apply and enroll. Please read over the following information and if you have any questions please email or call the school office.

STEP 1 – APPLY

- Submit the Student Application (Paper or Online: link is on our Admissions page.)
- \$25 non-refundable fee. (Payable to/at school office only)
- Authorization for the Release of Student Records
- Pastoral Reference

STEP 2 - INTERVIEW

Once the entire Student Application has been received you will be contacted for a family interview to discuss your student’s application.

- Interview with Family
- Student Assessment (If necessary)

STEP 3 - NOTIFICATION

You will be notified promptly on the status of your child’s acceptance to CCA.

STEP 4 – ENROLLMENT

In order to assure your student’s place at CCA, you will need to complete this step.

- Pay the non-refundable enrollment fee (\$125 -\$250)
- Signed Acceptance of our Articles of Faith
- Signed Student Code of Conduct
- Medical Form
- Copy of Birth Certificate*
- Immunization Record and/or Religious Exemption Form*
- Physical Form (Proof of Wellness Visit)*
- Register for *FACTS Tuition Management* which is necessary to pay all tuition and fees. (\$50 annual fee paid directly to FACTS)

*these documents maybe included in student records from previous school

Candies Creek Academy admits students of any race, gender, color, national origin, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. CCA does not discriminate on the basis of race, God-given gender, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship programs, financial assistance and/or any other school administered programs.

A School for the Nations



STUDENT APPLICATION

STEP 1 – APPLY

Candies Creek Academy
294 Old Eureka Road
Charleston, TN 37310

423-790-5660 phone | 423-476-6607 fax
info@candiescreekacademy.com

GENERAL INFORMATION

Student's Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Gender: _____ Social Security#: _____
month/day/year

Grade Entering _____ (K must be 5 before August 15th) Interested in After-School Program? Yes or No

Residential Address: _____
Street City St Zip

Mailing Address: _____
PO Box City St Zip

FAMILY INFORMATION

1. Parent/Guardian's Name: _____
Last First Middle

Relationship to Student: _____

Residential Address: _____
(If Different from student) Street City St Zip

Phone Number: _____ Email: _____

Employer: _____ Work Number: _____

Name of Church: _____

Address: _____
Street City St Zip

Church Membership: Yes or No Or Regular Attender: Yes or No

2. Parent/Guardian's Name: _____
Last First Middle

Relationship to Student: _____

A School for the Nations

Residential Address: _____
(If Different from student) Street City St Zip

Phone Number: _____ **Email:** _____

Employer: _____ **Work Number:** _____

Name of Church: _____

Address: _____
Street City St Zip

Church Membership: Yes or No **Or Regular Attender:** Yes or No

Siblings or Other Persons Living in the Same Household

Last	First	Age	Relationship to Student

EDUCATION

School Presently or Last Attended: _____

Other Schools Previously: _____ **Grade:** _____ **Year:** _____

Other Schools Previously: _____ **Grade:** _____ **Year:** _____

1. Has this student been suspended, expelled, or asked to withdraw at any school? Yes or No
If yes, please explain:

2. Has this student been evaluated and/or approved for an Individual Education Plan? Yes or No

If yes, please explain:

3. Are there any academic or behavior concerns you may have regarding this student? Yes or No

If yes, please explain:

4. Does your student have any special learning needs? (ADD, ADHD, dyslexia, autism, etc.) that would require special attention in a traditional classroom setting? Yes or No

If yes, please explain:

ADDITIONAL COMMENTS

SIGNATURE STATEMENT

"I assure that all the information in the application is accurate and truthful."

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

STEP 1 – APPLY

Candies Creek Academy
294 Old Eureka Road
Charleston, TN 37310

423-790-5660 phone | 423-476-6607 fax

info@candiescreekacademy.com

Student's Name: _____
Last First Middle

Grade: _____ Date of Birth: _____
month/day/year

As the students' parent/guardian, I authorize the school he/she last attended:

To the Attention of: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: _____ School Fax Number: _____

TO RELEASE ALL RECORDS:

- Yes or No Education Records (Transcript and Testing Information)
- Yes or No Medical Information (Certification of Immunization; Ear and Eye records)
- Yes or No Attendance Records
- Yes or No Disciplinary Records
- Yes or No Psychological Records
- Yes or No Other (Copy of Birth Certificate)

TO THE SCHOOL AT WHICH THE ABOVE STUDENT HAS BEGUN THE ENROLLMENT PROCESS:

Candies Creek Academy
294 Old Eureka Road
Charleston, TN 37310
423-790-5660 phone | 423-476-6607 fax
info@candiescreekacademy.com

All information will be handled in a confidential manner.

Signature or Parent/Guardian: _____ Date: _____



PASTORAL REFERENCE

STEP 1 – APPLY

Candies Creek Academy
294 Old Eureka Road
Charleston, TN 37310

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info@candiescreekacademy.com

FAMILY INFORMATION

To Be Completed by Family

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Name(s) of child(ren) applying to Candies Creek Academy:

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

CHURCH INVOLVEMENT

To Be Completed by Pastor or Church Leader

Dear Pastor,

The family above has applied for admission to our school. Please give your candid evaluation of the involvement of this family in your church. Thank you.

- How long have you known this family? _____
- Is anyone of this family members of your church? Parent(s) Child(ren) All or None
- How would you describe this family's church attendance? Weekly/more Bi-Weekly Monthly/less
- Does the above family take an active role in the life of your church? Yes or No
- Have any members of the family held a leadership position in the church? Yes or No
If yes, describe position: _____

- Is/Are the child(ren) active in the youth program of the church? Yes or No (over)

7. Do you consider the child(ren) open to spiritual instruction? Yes or No
8. Are there any areas positively or negatively which should be known by the school prior to enrollment?

VISION STATEMENT

Candies Creek Academy shall forge individuals who embrace their royal identity in Christ so they will fulfill their God-given purpose to glorify and proclaim His excellencies among the nations.

MISSION STATEMENT

The Mission of Candies Creek Academy is to partner with parents to equip, model, and mobilize students to be effective disciples through Christ-centered education with academic excellence.

RECOMMENDATION

1. Based on the vision, mission statement, and objectives do you recommend the above family and their student(s) for admission to Candies Creek Academy? Yes or No

Church Name: _____ Phone: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Printed Name of Pastor/Church Leader: _____

Signature of Pastor/Church Leader: _____ Date: _____

Please send to: Candies Creek Academy, 290 Old Eureka Road, Charleston, TN 37310 or fax to 423-476-6607 or email to info@candiescreekacademy.com